

TESTIMONY FOR
U. S. SENATE
COMMITTEE ON COMMERCE, SCIENCE AND TRANSPORTATION

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Thank you, Senators. I am very grateful to be allowed to speak to you today.

I am a psychotherapist. For the last 14 years, I have specialized in the treatment of sexual violence victims, sexual violence perpetrators and sexual addiction. I treat adults who were sexually traumatized as children and those who perpetrate these kinds of crimes. I treat the long-term consequences of childhood sexual abuse including sexual disorders and pornography addiction. I treat problems that have persisted for ten years, 20 years, even 50 years beyond the original trauma.

In 14 years I have not treated one case of sexual violence that did not involve pornography. In every case of sibling incest that I have treated, the kind of pornography involved has been soft-core nonviolent pornography. Exposing children to pornography meets the criteria for childhood sexual abuse.

While the many kinds of sexual pathology that I treat have many differences, there is one factor that all these pathologies have in common: permission-giving beliefs. These shared distorted beliefs include: pathological behavior is normal, is common, hurts no one, and is socially acceptable, the female body is for male entertainment, sex is not about intimacy and sex is the basis of self-esteem. These distortions

become part of the releasing mechanism that allows people to act out. Then the distortions become part of the belief system of the child-victim. The child-victim as an adult still holds these beliefs and it is these beliefs that become the focus of the trauma treatment of the adult.

Traces of these distorted beliefs show up in a wide spectrum of psychopathology as well as in social problems. A short list of areas in which we find these distortions are: depression, eating disorders, body image disorders, post traumatic stress, low self-esteem, sexual dysfunction, rape, incest, sexual harassment, domestic violence, divorce, teen pregnancy, illegitimacy, and sexually transmitted diseases.

The distortions are spread in a number of ways. One of the most common ways to spread these distortions is through the media, especially pornographic media and the beliefs become a set of cognitions which we call "Pornography Distortion".

In one study examining pornographic distortion, college undergraduates were shown 5 hours of videos over a 6 week period which were either all pornographic, or half were pornographic or none were pornographic. The more pornography they saw the more their beliefs changed. The all-pornography group began to think that pornography was not offensive, that rapists deserved milder punishments, that women's liberation was not a good idea, they became more callous toward women, and believed that a sizable percentage of the population engaged in group sex, sex with violence and sex with animals. Five hours of pornographic videos produced a belief in these 18 year-old subjects that 24 million Americans are having sex with Fido.

Even more pertinent to our discussion, is that the all-pornography group began to believe that pornography was not harmful to children. Only 37% of that group thought pornography needed to be restricted as compared to 83% of the no-pornography group. Obviously, pornography is a massive attitude change and socialization agent and children are the most vulnerable to this. Often patients will be able to remember and recount in detail the pornographic images they have seen very early in their lives. With so much of childhood memory lost, these images are extremely persistent.

One reason is because visual imagery is so powerful. When information is passed using words, the listener typically weighs and assesses the believability of the message. Often the listener is counter-arguing inside their head against a verbally presented message. You could be deciding right now that what I am saying doesn't make any sense and you could be challenging my verbal statements. But images don't work that

way. I suspect that none of you are counter-arguing against the fact that I am sitting here or that this is a table. Pictures are mentally processed as events, as facts and are stored unbuffered and unchallenged. This is especially true for children.

In addition, images are stored permanently. In treating other addictions, we start with detoxification. You can't do psychotherapy with a cocaine addict, for example, while they are high. So you clean the cocaine out of their system before you start the treatment. With pornography addiction, you can't remove the addictive substance; it's permanently implanted. This is the first addictive disorder we have been asked to treat for which there is no hope for detoxification.

Those who are exposed to pornography distortion become carriers back into their jobs, into their homes, onto the streets and into the school yard. In addition, the Internet is an ideal delivery system for dysfunctional material. Research indicates that there are three factors that produce the best environment to stimulate antisocial behavior in children; it is the combination of anonymity, role models of behavior and arousal. The Internet sex sites have exactly those three factors.

The numbers of victims are massive. By the time a female in this country is 18 years old, 38% have been sexually molested. One in 8 women will be raped. Fifty percent of women will be sexually harassed on their jobs during their lifetimes. We are seeing sexual dysfunction in increasing numbers. We are not just talking about an epidemic we are talking about a sexual holocaust.

We have all had to pay a terrible price in this society for our naiveté about other toxic materials such as cigarettes, drugs, etc. Can we afford to expose our children to another set of devastating toxins? Are we willing to live in a society where this psychological contamination is delivered at the library? Can we tolerate a society in which the protection of children is greater at the video store than at our schools? Where bouncers will keep our kids out of strip joints but our teachers won't? We have a choice. You can protect them now or you send them to me for treatment later.

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Summary

1. I treat sexual violence victims, perpetrators, and sex addicts.
2. Every case of sexual violence that I have treated has involved pornography.
3. Sexual violence and pathology involves distortions called permission-giving beliefs.
4. Many psychological problems and social problems show traces of these distortions.
5. The media spreads the distortion called Pornography Distortion.
6. Research finds that pornography spreads these distorted beliefs including the belief that children are not harmed by pornography.
7. Visual images are mentally stored as facts, events.
8. Visual images are stored permanently.
9. Children are especially vulnerable to these factors.
10. The Internet contains the three factors that produce antisocial behavior in children.
11. Sexual violence and pathology are frequent.
12. We cannot accept a society where the factors that hurt children are spread in the schools and libraries.